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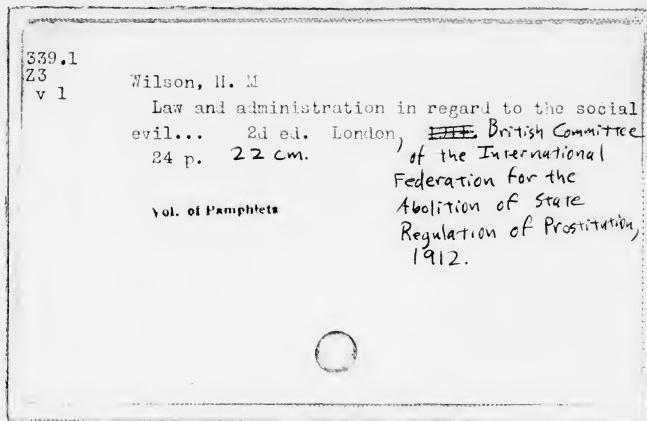
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No. 28 331
Practical
Law and Administration
in regard to the Social Evil:
an outline of existing conditions and
projected reforms in the principal
Civilized States.

Compiled by H. M. WILSON, M.D., Lond.

SECOND EDITION.

The British Committee of the International Federation for the Abolition of
State Regulation of Prostitution,
19, Tothill Street, Westminster, S.W.
1912.

Postscript - Orling G.

APR 23 1912

Notes on Administrative Measures against Venereal Disease.
By H. M. Wilson, M.D. Price 1d.

Preventive Hygiene: An account of the Brussels Conferences, 1899 and 1902, by a member of the Conference; with statistical charts. Price 3d.

The History of a Sanitary Failure. The story of Hygienic Regulation of Prostitution in India, told from official documents. By Henry J. Wilson, M.P. Price 1d.

The above pamphlets, as well as others dealing with the legal, moral, and sociological aspects of the question, may be obtained from the Secretary of the British Committee of the International Federation for the Abolition of State Regulation of Prostitution, 19. Tothill Street, London, S.W.

INTRODUCTION.

Legislators and Social Reformers have to confront few more perplexing problems than that of prostitution. It exists in all great cities and in most small ones, and is so universal that many regard it as a necessary adjunct of civilisation, even while they recognise it as an evil, a danger to public order and to public health. Some administrators hold the view that in order to minimise these dangers, prostitution should be regulated; they think that its worst forms can be repressed, and its worst results obviated by tolerating it when it conforms to restrictions imposed by the police; they admit the undesirability of giving it any apparent official sanction, but they consider that to do so is the lesser evil. In past years this view was almost universally held and was acted on throughout Europe. The medical profession believed that by systematic medical control of all known prostitutes, an effective check could be given to the spread of those diseases which accompany prostitution and which by their after effects cause widespread disease and degeneration. It is about forty years since the first doubts were raised and the first protests uttered by a handful of people, chiefly in Britain, Switzerland, and France, who maintained that the system in vogue was based on unsound theories, that it encouraged the wrong thinking which is at the root of sexual vice, and that the sacrifice of justice and personal liberty was too heavy a price to pay for any possible hygienic benefit. Those who said these things were usually regarded as impracticable fanatics.

The nature of the subject has precluded its free discussion in the press, and consequently the public at large do not realise the change that has taken place in medical opinion, and the correlative change that is taking place in law and administration.

The purpose of this pamphlet is to show the trend of recent legislation and of scientific opinion on this subject.

These pages deal not with arguments nor reasons, but with facts. It is obvious that in so brief and condensed a form as is here adopted, many important explanations

a id qualifications have to be omitted, but there has been a honest attempt to make the statements accurate so far as they go. A complete exposition of laws, customs and administrative methods which vary not only from nation to nation but from town to town and from year to year, would be a task beyond the compiler's powers; and such a work would be antiquated before it was finished.

The principal authorities consulted are as follows:—
The official reports of the two Brussels Conferences, 1899 and 1902, to be obtained from the Publisher, Mr. Henry Lamertin, 20, rue du Marché au Bois, Bruxelles.

L'intégrité intersexuelle des peuples et les Gouvernements. By Dr. Louis Alaux. Pub. Félix Alcan, Paris, 1910.
La prostitution et les pouvoirs publics. Same author and publisher. Vol. 1, 1902; vol. 2, 1909.

The Social Evil, a report prepared under the direction of the Committee of Fifteen, New York. G. P. Putnam's Sons, 1902.
L'état actuel de la législation de tous les pays; compiled and printed by the Spanish National Committee for the Fourth International Conference against the White Slave Traffic. Madrid, 1910.
The files of the "Bulletin Abolitioniste," the organ of the International Abolitionist Federation, 3, Rue du Vieux Collège, Geneva.
The files of "The Shield," the organ of the British Committee of the International Abolitionist Federation, 10, Tothill Street, Westminster, S.W.

COMPILER'S NOTE TO SECOND EDITION.

Many of the facts contained in these pages will probably be out of date in a very short time, for change and reform are in the air. But at this date I believe the statements made are correct so far as they go. I have taken every pains to secure accuracy, and my thanks are due to friends in various countries who have helped me to make this edition more complete and more exact than the previous one.

To have quoted my authorities would have overloaded this small effort, but if any reader desires to verify or supplement my condensed statements I shall be glad to refer him to the sources of my information.

H. M. WILSON.

March, 1912.

I. HISTORICAL OUTLINE.

In the Middle Ages prostitution was regarded as a necessary part of the social organisation; any laws on the subject aimed at keeping prostitutes as a distinct class and exploiting them for the purposes of revenue. The great epidemic of syphilis in the fifteenth century led to attempts at penalisation, sometimes of disease, sometimes of prostitution itself. On the Statute Books of some countries there are still laws which date from this earlier period.

The nineteenth century was the era of Regulation. The first definite registration of prostitutes for the purpose of medical control was instituted under Napoleon Bonaparte in 1802, and other countries by degrees followed suit. By the middle of the century it had spread all over the continent of Europe, not by legal enactments, but as a matter of police administration; it was reserved for England, by its Contagious Diseases Acts (1864-69) to give the sanction of law to this system. Forty years ago the Regulation system prevailed throughout the whole of Europe. International Medical Congresses in 1867, 1873, and 1875 were engaged in drawing up schemes of international co-operation for the purpose of perfecting the protection which was then believed to be conferred by the sanitary organisation of prostitution.

To-day Europe presents a very different picture. The northern nations—England, Holland, Denmark, and Norway—have all definitely abandoned the Regulation system. In Sweden a Royal Commission has just reported against it, thus following the example of France, where the Extra-Parliamentary Commission appointed by the Government has, after exhaustive enquiry, condemned the existing system and recommended fundamentally different methods. In Switzerland, Geneva is the only place where Regulation persists. Italy has swept away the whole machinery of police supervision and has substituted a system of gratuitous treatment for all venereal patients, to the great benefit of the public health.

This change in the attitude of the authorities is indicative of a still more widespread change that has come over medical opinion. Among the leading syphilologists of

Europe there is a remarkable consensus of opinion that the regulation of prostitution as practised in France and other Continental countries has been unsuccessful from a hygienic point of view.

In 1899 an International Conference for the Prophylaxis of Syphilis and Venereal Maladies was held in Brussels, under the Presidency of the Belgian Minister of Health, and the Burgomaster of Brussels. Of the 300 members, 107 were Government delegates from 29 different countries. The British War Office, India Office, and Royal College of Surgeons sent representatives. Most of the members were medical men, but there were also police officials and a number of other persons. The proceedings of this Conference and of a subsequent one held in 1902 constitute an encyclopaedia of information on the whole subject. The value of Regulation was very hotly debated, but no resolution on the subject was ventured by either Conference.

"What has been the influence of existing systems of Regulation on the prevalence of disease?" This was the first question on the Agenda in 1899, and it was discussed for a day and a half. Some wished to reform the existing system, some to sweep it away, but no one considered it satisfactory. Prof. Petersen's resolution in favour of the system was withdrawn by consent. Eminent professors and specialists from Berlin, from Lyons, from Paris, and elsewhere, all admitted the failure of the existing system. Professor Fournier, leader of the French Government Delegation, perhaps the greatest European authority on syphilis, though defending Regulation as indispensable, yet regarded it as of comparatively little value. He advocated a scheme for gratuitous voluntary treatment and based his advocacy on the recognised inefficiency of the existing method. "Whatever the authorities have been able to do in the way of Regulation," he said, "it still remains inadequate; and the disease abounds and superabounds to-day as it did before Regulation existed."

The Brussels Conferences did not vote on any contentious propositions; but a certain number of resolutions were adopted unanimously, and these, though by no means exhaustive, will show the directions in which sanitary science is moving. They may be arranged under four heads:—

LEGAL AND ADMINISTRATIVE.—The Conference desires to see the various Governments use all their powers to suppress the prostitution of girls under age (*en état de minorité civile*).—(1899).

The Conference calls for the utmost severity of the law against men living upon the earnings of prostitutes (*souteneurs*).—(1899).

MEDICAL.—That all persons suffering from venereal maladies should have easy access to gratuitous treatment, with no unnecessary publicity.—(1902).

That prostitutes suffering from venereal maladies ought to be considered not as criminals but as patients.—(1902).

MILITARY.—That all recruits should receive printed instructions on the danger of disease, and should take these with them when they leave the service.—(1902).

EDUCATIONAL.—That a course of Venereology should be compulsory on medical students.—(1899).

That provision should be made for more efficient guardianship of orphans, and for the moral training of all young people.—(1899).

"The most important and the most effectual means for combating the diffusion of venereal maladies consists in widespread information as to the importance of these maladies and the very grave dangers attending them. It is especially necessary to teach young men not only that chastity and continence are not injurious, but that these virtues are highly recommended from the medical point of view."—(1902). This resolution which, like the others, received a unanimous assent was proposed by Prof. Neisser, of Breslau, Prof. Petersen, of St. Petersburg, Prof. Peroni of Turin, and Dr. Bertarelli of Milan.

The only remaining unanimous Resolutions referred to the collection of statistics and to the work of future Conferences. But so far no subsequent Conference has been held. The promoters probably felt that international discussion had done all it could for the present, and that it remained for each country to apply itself to the task of overcoming practical difficulties.

II. PRESENT CONDITIONS.

Before detailing the methods in vogue in different European countries, a few preliminary observations may be useful.

The Regulation system has in most countries been built up without legal sanction. It depends on police regulations, and these vary even in

No Legal Basis. different towns in the same country. The law is either silent as in France or self-contradictory as in Germany. In

two states—England and Denmark—the system was formerly sanctioned by statute, but in both it has been abolished.

Two different influences have combined to show the necessity for new legislation. The Brussels Conferences above described have shown the need for reform in the interests of public health. The International Movement for the Suppression of the White Slave Trade, founded in 1899, has revealed the inadequacy of previous laws for the protection of girls and women from seducers and procurers. The effects of one or both of these movements are seen in legislation passed during the last ten years by Denmark, Holland and France, in the changes recommended by the Swedish and French Commissions, in the proposed revision of the German, Austrian, and Swiss Penal Codes, and in recent Royal Decrees in Spain and Italy.

It may not be out of place to remark that the way was prepared for both these movements by the investigations and propaganda of the International Federation for the Abolition of the State Regulation of Prostitution, founded by Mrs. Josephine Butler in 1875.

The relation of the State to prostitution is a matter in regard to which there are conflicting theories. An influential section in Germany is now demanding that prostitution itself should be treated as a punishable offence. Such penal prohibition has been repeatedly tried in the past and has always broken

down: (e.g., in Austria, Norway, and elsewhere). The policy of England, Holland, and Italy is to regard personal immorality, whether occasional, habitual, or mercenary, as a matter for the individual conscience, not for the penal law; in these countries all public incitement to immorality

is prohibited, as well as all attempts to make a profit out of the debauchery of others. Denmark and Norway adopt the same view, but further deal with prostitutes as habitual vagrants (*i.e.*, persons having no visible means of subsistence). The English plan is approved by the French Commission, the Norwegian plan by the Swedish Commission.

The protection of minors is of the greatest importance both as regards morals and hygiene. Statistics show that

Protection of Minors. most prostitutes begin their career in their teens, and that it is the younger ones who are the most likely to contract disease and pass it on. There is a movement everywhere—largely fostered by the International Association against the White Slave Traffic—to raise the age of protection for girls, and to impose severe penalties on those who encourage or exploit the prostitution of minors.

As regards the exploitation of adult women, there is wide divergence of opinion and practice. The Latin races as a rule do not punish a man or woman

Procurers. for making a profit by the immorality of others, unless fraud or force has been used. The Teutonic races, on the other hand, penalise third parties who encourage or exploit debauchery; *i.e.* they prohibit brothel-keeping. This difference is maintained whether Regulation be in vogue or not. In France the police effort has always been to concentrate the women in the licensed houses; in Italy tolerated houses are recognised, and the keepers are made responsible for the health of their inmates, though they are not allowed to detain any inmate, whether sick or well, against her will. A different policy is adopted in Berlin and Vienna: believing that tolerated houses are a menace to health and a bulwark of the White Slave Traffic, the police in these cities endeavour to suppress the houses, while maintaining sanitary supervision of individual prostitutes.

The policy of segregating prostitutes in certain districts has for its object public order rather than public health.

Segregation. It seldom or never has a legal basis, but is carried out under the shelter of laws designed to prohibit brothel keeping

altogether ; the police enforce the law in all other districts, but relax it in regard to the segregated district. This plan is largely practised in the United States and in Japan ; it has been abandoned in Europe, except for a few towns, of which Bremen is the best known.

On one point the reformers in all nations are agreed—venereal disease must not be punished but healed. One of the chief means of prophylaxis is the pro-

Treatment of Disease. vision of gratuitous and easily accessible medical treatment for all sufferers, men and women, innocent and guilty.

This principle is embodied in law and practice in Great Britain, Italy and the Scandinavian countries, it is urged by the French Commission, and is insisted on by all medical authorities. To make such a policy effective, there must be simultaneous abolition of penal or compulsory measures since these lead to concealment of disease. The immediate result is likely to be a considerable increase in the number of *known cases*, a very different thing from a real increase in disease.

The result of treating disease instead of punishing it has naturally been to increase the number of cases under treatment. Thus both in Norway and Denmark, where statistics are carefully kept, the abolition of Regulation with simultaneous provision of facilities was immediately followed by an increase in the number of cases under treatment, with subsequent decrease after some years, as the prophylactic value of the new policy began to take effect.

In England, there is probably sufficient provision for treatment, but its value is lessened by the disagreeable and deterrent conditions often attached to it ; in other countries there seems to be almost a tendency to put venereal diseases in a position of privilege as compared with other diseases ; it is difficult to see how to avoid one or other of these extremes.

III. LAW AND PRACTICE IN EUROPE.

The United Kingdom.

Up to 1864 the policy was one of absolute *laissez faire*. The Contagious Diseases Acts 1864-69, established a system of Regulation in eighteen military and naval stations. (The Acts were never applied to London nor to any of the larger cities.) Public protests were at once raised, and after a vigorous and prolonged agitation the Acts were suspended in 1883 and repealed in 1886.

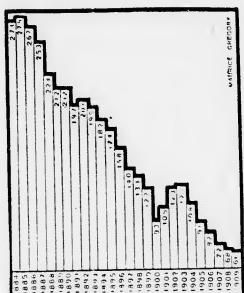
In 1885, in consequence of the strong feeling aroused by the revelations of the "Pall Mall Gazette" as to the corruption of little girls, the Criminal Law Amendment Act was passed. Since then there has been a gradual and continuous improvement in police administration on the lines of protection of minors and repression of public manifestations of vice. The streets of London, though still far from ideal, now compare favourably with those of other great European capitals. It is generally recognised that there is an improvement in moral tone throughout nearly all sections of society.

TREATMENT OF VENEREAL DISEASE.—Most hospitals and dispensaries deal with venereal out-patients in the same way as with others. Hospital treatment is obtainable in the Poor Law Infirmarys, though in some cases there is still a tendency to treat sufferers as criminals to be punished rather than as patients to be healed. No compulsory measures of any kind are applied.

PROSTITUTION.—Prostitution is not a legal offence, but public solicitation by women is prohibited. There are severe penalties against brothel-keepers, procurers and *souteneurs*. In some districts these are vigorously applied. For example, during the year 1905, in England and Wales, 1594 persons (517 men and 1077 women) were charged with brothel-keeping. 1382 of these were convicted, 887 being imprisoned, and the rest fined. In the same year, 260 male persons were convicted of living on the wages of prostitution, and sentenced to imprisonment for various periods.

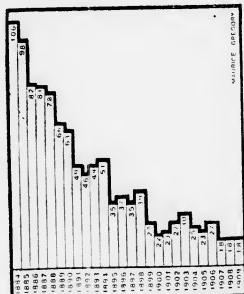
The age of consent is 16.

STATISTICS.—There are no reliable figures as to the prevalence of venereal disease in the general population. But the following charts show the remarkable diminution in the Home Army and among recruits.



HOME ARMY.

Admissions to Hospital for Venereal Maladies per 1,000 Soldiers.



RECRUITS.

Rejected on account of Syphilis. per 10,000 offering for enlistment.

Norway.

The Regulation system was in force until 1884. In that year brothel-keeping was prohibited, and in 1887 the registration of prostitutes was abolished. In 1902 penal enactments against prostitutes were repealed. Thus at present the only laws on the subject are enactments against procuration, brothel-keeping, and vagrancy.

An active propaganda is carried on by Moral Education Societies.

TREATMENT OF DISEASE.—Free medical treatment can be obtained by all who are unable to pay if the Health Committee finds it necessary for the public health; this involves no pauper disqualification. In Christiania, doctors are required to report all cases without names; they are also asked to indicate the source of infection, but this is done in less than ten per cent. of those reported. Any person once reported as diseased is required to continue medical treatment till cured; only if he neglects to do this is any police coercion applied.

STATISTICS.—Under the Regulation system there were considerable fluctuations in the statistics of venereal diseases. From 1884 to 1888 there was a steady decrease in Christiania; for the next ten years an increase, and since then a fall, so that the figures now stand at about the same level as before Abolition.

Denmark.

A stringent system of Regulation was in force up to 1906, when it was abolished and the present system substituted. Its fundamentals are—no special measures for prostitutes, penalties for communication of disease, free medical treatment for all with a corresponding obligation on the patient to carry out treatment.

TREATMENT OF VENEREAL DISEASE.—Every person suffering from venereal disease is entitled to free medical treatment; ample and convenient arrangements are made at dispensaries and hospitals supported by public funds. Patients may employ their own doctors if they prefer. No compulsion is applied to any patient unless he ceases to carry out the treatment before he is medically pronounced cured. In that case he is reported to the Health authorities

and, if he proves intractable, to the police. Persons in receipt of public assistance and also those who live in such conditions that they are a danger to others, may be compulsorily removed to hospital and detained till discharged by the doctor.

In the year 1909, out of 9280 patients in Copenhagen under treatment for venereal diseases, failure to continue treatment was reported by private practitioners in 300 cases (199 men and 101 women), and by the "public doctors" (*i.e.*, the free dispensaries), in 333 cases (238 men and 95 women).

Communication of disease whether in marriage or outside it or in connection with wet-nursing is punishable both by penal and civil law.

PROSTITUTION.—Prostitutes are dealt with as vagrants or persons having no visible means of subsistence. Brothel-keeping is prohibited. Procurers and *souleneurs* are punished.

MINORS.—The seduction of a girl under 16 is severely punished.

STATISTICS.—In Denmark, doctors have for many years been required to notify all cases for statistical purposes, though without name or address. As might be expected, the removal of the motives for concealment which are inevitable under Regulation, coupled with the provision of free dispensaries, produced a considerable increase in the number of cases under treatment. The totals in Copenhagen for all forms of venereal disease are as follows:—

YEAR.	NO. OF CASES.	YEAR.	NO. OF CASES.
1905 ..	6666	1908 ..	9957
1906 ..	7065	1909 ..	9280
1907 ..	8383	1910 ..	9274

Holland.

Regulation was formerly carried out in most of the large towns, though it never obtained in Amsterdam. Forty years ago, prostitution was registered in 37 towns; one by one all these towns have abandoned it. In 1911 an "Act against Public Immorality" was passed, containing a clause which makes it a penal offence to encourage or provide for the immorality of others for pecuniary benefit. This makes brothel-keeping illegal. *Souleneurs* are severely punished, and there are stringent laws for the protection of minors, and for the prevention of traffic in women.

VENEREAL DISEASE.—These patients are received in the municipal hospitals on the same liberal terms as others. There are no special wards.

PROSTITUTION is not a penal offence, nor is the communication of disease.

The age of protection for girls is 16.

Sweden.

A Regulation system of the usual pattern is at present in force in the larger cities.

TREATMENT OF VENEREAL DISEASE.—Since 1864 any person suffering from venereal disease is entitled to free treatment in a public hospital. Since that time syphilis, which was previously endemic in many localities, has gradually diminished in the towns and has become very rare in the country districts. The diminution however, does not apply in the two large cities—Stockholm and Gothenburg.

PROSTITUTION.—Prostitution is prohibited under the Penal Code. The age of protection for girls is 15.

A ROYAL COMMISSION was appointed in 1904 to consider the whole question; it presented a voluminous and exhaustive Report at the end of 1910. The Commission unanimously condemns the regulation of prostitution, and proves its failure by a very careful analysis of the official statistics. As preventive measures it recommends further improvements in the system of free treatment and a campaign of moral education. The majority also recommend the adoption of certain features of the Danish system, viz., dealing with prostitutes as vagrants, and applying compulsion to venereal patients who neglect treatment; from these two recommendations a minority of the Commission dissent.

France.

In France no special provision is made either by law or administration for the treatment of venereal disease except in the case of prostitutes. These latter, at least those of them who are registered, are periodically examined, and if found diseased, are sent to hospital where they are detained until the disappearance of symptoms. This arrangement is unsupported by statute: it is a matter of police administration.

Until 1903 the Penal Code was silent on the subject of prostitution. An Act in that year prohibited the procreation of minors under 21, and also the procreation of adult women, if force or fraud were used. It also enacted severe punishment for "souteneurs." Another Act in 1908 was intended to put a stop to the prostitution of girls under eighteen years of age, but it has proved unworkable, so long as the *police des moeurs* continue their operations.

The control of prostitution is carried on under arbitrary regulations made by the police. These differ to some extent in different towns, but as a rule they are modelled on those of Paris. The objects of the police are:—

1. To place on their register every woman who practises prostitution.
2. To secure the health of these women by a weekly medical examination, and by sending to hospital those who are diseased.
3. To facilitate this step and to promote public order by encouraging the tolerated houses.

It is admitted that they have not met with complete success in any of these endeavours. Of the whole number of prostitutes in Paris, less than one sixth are on the police registers, and of those registered 20 per cent. "disappear" annually; no medical expert now claims that the examination gives complete security; and the tolerated houses are becoming increasingly unpopular both with the women and with their clients. In order to obtain this incomplete success the police are constantly guilty of arbitrary conduct which has brought them into great disrepute. In consequence of several such scandals the Government in 1903 appointed an Extra-Parliamentary Commission to inquire into the whole question, and to make recommendations. This Commission consisted of 68 persons—7 senators, 17

deputies, 6 professors of medicine, and 2 of law. The rest were mainly officials of Law Courts, Government Departments, or municipalities. The Commission included one woman. After careful study and many debates its Report was presented in 1907, in the form of a Bill to deal with the whole matter. The main points of this Bill are as follows:—the arbitrary action of the police is to be put an end to by bringing the whole matter under the ordinary law, equal for men and women; no register is to be kept of prostitutes and no laws or regulations are to be made for them other than those which apply to the community in general; the law is to take cognizance of prostitution in one case only, namely, its practice by minors and then only to prohibit it absolutely; any person who exploits the immorality of others for his own pecuniary gain, even with the consent of the persons concerned, shall be punished; this is to include persons who let rooms or houses for the purposes of prostitution.

For the prevention of Venereal Disease it is recognised that gratuitous and easily accessible medical treatment is the main safeguard, and this is to be provided at the expense of the Commune. There are to be no special hospitals for prostitutes. The general hospitals are to be open to venereal patients on the same conditions as to others. Responsibility for the communication of venereal disease to any person is to be recognised both by the civil and penal law.

These recommendations may be summed up in three words—Liberty with responsibility. They have not yet become law, mainly owing to the opposition of those who have vested interests in the present system and because no Minister has ventured to rouse the enmity of the Prefecture of Police.

It is fair to add that the Commission was not unanimous in its recommendations. Although no single member expressed approval of the present conditions, some wished to give to the Regulation system the sanction of law, while introducing certain reforms. It is especially significant that the Chief of the Paris Police condemned the present system as being inefficient for the maintenance of public order, while leading medical authorities declared that it was still more inefficient for the protection of public health.

Italy.

The compiler believes the following to be correct, but is not able to vouch for the details in this instance.

In Italy the Regulation system was formerly modelled on that of France, and was at least equally rigorous. In 1888 it was abolished by Signor Crispi who was then Prime Minister, but the decree remained a dead letter, and the police allowed such scandals in the streets that re-enactment was demanded. Subsequent decrees in 1891, 1901, and 1905 have introduced considerable modifications. The present system is briefly as follows: special facilities are given for the TREATMENT OF VENEREAL DISEASES in dispensaries and hospitals, and the cost is borne by the State; no fee is charged to such patients, no compulsion is exercised, and they are not even obliged to give their names; for out-patients there are special departments or dispensaries at convenient hours; in-patients are treated in the General Hospitals, as well as in special hospitals. The result has been a large increase in the number of those receiving treatment, and as we are informed, a great improvement in the public health.

PROSTITUTION of minors is forbidden, but as it is held that parental authority overrules all other law, it is almost impossible to deal with the cases where parents connive at or profit by their children's shame.

There is no interference with adult prostitutes unless they cause public scandal. But if two or more such women live together the house must have a permit from the authorities; the keeper of such a house is responsible for the health of the inmates, but has no legal power to detain them.

No recent information is available as to the actual working of this system.

Germany.

The Penal Code is admittedly " illogical and confused." One clause aims at suppressing prostitution altogether by imposing penalties on any persons who let houses or rooms to prostitutes, while another sanctions the punishment of any prostitute who is not registered by the police or who being registered disobeys their regulations.

The practice in different cities varies widely. In many places tolerated houses are encouraged and the French system is followed. In Bremen there is a segregated

district—a kind of barracks where a large number of prostitutes live, each in her own quarters, under the strictest police and medical control. In Berlin, on the contrary, the police endeavour to enforce the law against brothels, which are believed to be strongholds of the White Slave Traffic. The registration and sanitary supervision of known prostitutes is very vigorously carried out, but in Berlin, as elsewhere, there are a great many clandestines who escape the vigilance of the police.

The draft of a new Penal Code has been issued, and is now under consideration by a Government commission. It would forbid procuration, which includes brothel keeping. It would, however, permit police and sanitary supervision of prostitutes by the local authorities, on lines to be laid down by the Federal Council. This would amount to a sanction of Regulation, and it is being vigorously opposed; while one section of the opponents demand that prostitution should be made a penal offence, other sections advocate something more approximating to the Danish or the English law.

Austria.

Until 1873 very severe penalties were imposed on all prostitutes, but the law proved ineffectual, as such laws always do. To remedy the scandalous conditions that prevailed regulations were introduced, and these have been very frequently changed and modified.

The Penal Code at present resembles that of Germany, and is equally self-contradictory; a revision is under consideration.

The Chief of the Vienna Police stated, in 1909, in the course of a published interview, that the tolerated houses are being gradually suppressed (at this date only six remained); women known to be practising prostitution are not arrested until they have been warned three times on different days; when arrested those under 18 are sent back to their parents or placed in the charge of Rescue Societies; even adults are not registered till persistent attempts have been made to reclaim them.

Switzerland.

Each Canton has its own Penal Code. Several of the more populous Cantons have tried Regulation for longer or shorter periods; all but one have abandoned it. The exception is Geneva, where there are a number of "tolerated houses," in which all registered women are compelled to live. It is probable, however, that the country will shortly adopt a uniform Penal Code by which brothel-keeping will be prohibited, though it may not entirely preclude the possibility of some form of Regulation.

Belgium.

Regulation is carried out by many of the municipalities. The Brussels system, as organised in 1844, was long considered a model, but it received a great blow in 1881, by the revelations of the traffic in English girls and little children carried on in the tolerated houses with the connivance of the police. The system is believed to be much relaxed, but no very recent information is available.

Spain.

A system of sanitary and police Regulation has been in force for many years. In 1906, an attempt was made at reform, by abolishing the taxes paid by the keepers, and the fees paid by the women to the medical officers. A Royal decree was issued in 1910 prohibiting the living together of prostitutes, but the steps necessary to enforce this decree have not yet been taken.

Russia.

The system was introduced in 1844. Official houses of prostitution are now prohibited, but the registration and examination of women is in full operation. In St. Petersburg there are believed to be 40,000 to 50,000 prostitutes, of whom 3,000 are registered.

There is no provision for treatment of venereal disease in other persons.

There is no law for the protection of minors.

Turkey.

According to a Report dated 1899, prostitution was stringently regulated, and the Government derived a considerable revenue from it. No recent information is available.

LAW AND PRACTICE OUTSIDE EUROPE.**British India.**

The regulation of prostitution was carried out irregularly in many of the military cantonments from the early part of the nineteenth century till 1864. In that year an attempt was made to systematise it by Cantonment Regulations, supplemented in 1868 by the Indian Contagious Diseases Act. This continued in force till 1888, while disease steadily increased. From 1888 to 1896 there was a varying and unsettled condition; for the last year of this period Regulation was abandoned, no attempt being made to deal with the problem by other means. In 1897 new rules were framed under the Cantonment Act (1880), and these remain in force: they permit something very closely akin to the old kind of Regulation, but leave a wide discretion to the Commanding Officer; thus Regulation exists in some Cantonments but not in others.

Almost simultaneously with the framing of these Rules, the Commander-in-Chief in India issued a General Order which marked a new departure, viz., the official discouragement of immorality. This was followed by a still stronger Memorandum by Lord Kitchener in 1905.

STATISTICS.—The ratio of admissions to hospital for venereal disease among British troops increased steadily from 1876 (when it was 189 per 1000), until 1895, when it reached the appalling total of 522 per 1000. Since then it has fallen as steadily and far more rapidly, and in 1906 it was only 67. This remarkable decrease was attributed by the official report "to a variety of causes, chief amongst which are the personal influence of Commanding Officers, the spread of temperance, the variety of games and amusements which fill up spare time, the more thorough treatment of disease by which relapses are checked, and finally the deterrent influence of the loss of 'service-pay' which those who contract these complaints have to suffer."

Outside the military cantonments there is no Regulation in India.

Other British Dependencies.

Regulation exists under varying forms in Gibraltar, Malta, Hong Kong, and the Straits Settlements.

British Colonies.

Three of the self-governing colonies have Contagious Diseases Acts—Cape Colony, Queensland, and Tasmania. The C.D. Act in New Zealand was repealed in 1910.

In CAPE COLONY the laws are somewhat contradictory. The Morality Act (1902) is an attempt to suppress vice and especially to suppress brothel keeping. It is in direct opposition with Part I. of the Contagious Diseases Prevention Act by which prostitution is regulated and tolerated in the larger cities. Part II. of this latter Act deals with venereal disease in the population at large, and by it a good deal is done to provide free treatment for both sexes, especially in certain districts where syphilis seems to be endemic among the natives.

The QUEENSLAND Cabinet has recently suspended the operation of the Act in Brisbane, and a Bill for its repeal is promised by the Premier.

IN VICTORIA the Government is co-operating with the churches in a serious attempt to reduce venereal disease by better provision for treatment, combined with an educational campaign.

Some CANADIAN towns have made attempts to introduce the Regulation system, but these attempts have always been short-lived.

The AGE OF PROTECTION is 16 in most of the colonies. In Cape Colony it is only 13.

United States of America.

In almost every State there is a law against disorderly houses.

Each city determines its own method of dealing with social vice, and there are very great variations. A large number of cities have "segregated districts," where houses of debauchery are permitted. The object sought is public order, not health. The larger cities, however, do not attempt this, and many of the smaller ones have become convinced by experience that the wished-for end is not attained.

The system of sanitary Regulation has repeatedly been attempted but never persisted in. According to an enquiry in 1910, fourteen cities at that date attempted some medical control of prostitutes.

A vigorous campaign has lately been undertaken by the Federal and State authorities for the suppression of traffic in women.

Practically nothing has been attempted by public health authorities for the prevention or cure of venereal diseases, but the Society of Sanitary and Moral Prophylaxis, which is an influential organisation, is taking up the question in many States.

As to protection of minors, each State has its own law, and the age of consent varies from 12 to 18, this last being in California.

Mexico, Argentine, and most of the South American States, maintain a system of Regulation.

Japan.

In the seventeenth century the Japanese Government set apart a special quarter in the capital where all prostitutes were to live. The example was gradually followed by other cities. Sanitary Regulation was introduced in 1872 under European influence, and is now carried out with great thoroughness. It appears, however, that disease has not diminished, and that prostitution is by no means confined to the segregated districts. Within recent months, a very influential movement has arisen against the whole system.

IV. CONCLUSIONS.

The question with which this pamphlet deals is many-sided, and it can be approached in many different ways. Regulation, the panacea which held the field during the nineteenth century, is being overtaken by the usual fate of vaunted panaceas; it is being thrown on one side to make way for remedies which may seem less direct, but which are at once more scientific and more humane. The Regulation system is now generally condemned as being wrong in principle and a failure in practice. The experience of a century shows that while it increases vice, it fails to reduce disease; it is a menace to virtuous women and a protection to procurers; its influence tends to corrupt the young of both sexes and to demoralise the police who are charged with its administration.

The one thing that keeps this discredited system alive, is the supposed difficulty of knowing what to put in its place, and to that question much study is being given.

The problem of disease is being separated from that of prostitution. Venereal diseases are to be attacked as other diseases are attacked, by methods which take into account the special characteristics of the disease and which are applicable to all patients without distinction of class, of sex, or of moral character.

The problem of prostitution is a far more complex one, closely bound up with social, educational and economic conditions. Its complexity has been increased by the rapidly changing relation of women to industrial life. It can only be dealt with by attacking its causes, and the scientific study of these is now but beginning. All observers, however, agree that one essential step is the better protection of all young girls from corruption, seduction or exploitation, and that this protection is especially needed for those who are not under efficient parental control. Biological and moral teaching for all young people is another point to which all investigators attach importance.

These are the main principles which seem to underlie recent legislative and administrative efforts to deal with the Social Evil; in some quarters one is made more prominent, in some another. Each nation is trying to work out methods which shall be in accordance with its own national genius and legislative ideals.

**END OF
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